

genders to assess the secular change between 2000–2002 and 2005–2007. Hip fracture projections were made until 2050, assuming the gender-specific secular change observed between 2000–2007 will be maintained. **RESULTS:** A total of 113,101 hip fractures were recorded in Belgium between 2000 and 2007, of which 76.4% occurred in women. The annual number of hip fractures increased from 13,512 in 2000 to 14,744 in 2007, with a more marked increase in men (+20.4%) than in women (+5.7%). Between 2000–2002 and 2005–2007, the age-adjusted incidence of hip fractures significantly decreased by 1.08% per year (95% CI: 0.78 to 1.38) in women, but declined non-significantly by 0.30% per year (95% CI: –0.24 to 0.84) in men. The female/male ratio of hip fractures decreased between these periods from 3.19 to 2.92 ( $P < 0.01$ ). By the year 2050, the number of hip fractures is expected to increase by 37.8% in women and by 110.0% in men. The female/male ratio would decrease to 1.81. **CONCLUSIONS:** Despite a significant decrease in the age-adjusted incidence of hip fractures in Belgian women and a non-significant decline in men, the number of hip fractures is expected to substantially increase in Belgium. Appropriate public health strategies are therefore needed and should also focus on populations of men.

**PMS10**

**PREVALENCE OF GOUT IN THE US GENERAL POPULATION: THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) 2007–2008**

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**OBJECTIVES:** While the disease burden of gout in the US has been considered substantial and may have been rising over the past decade, no contemporary national data are available. We estimated the prevalence of gout based on a recent, nationally representative sample of US men and women (National Health and Nutrition Examination Survey [NHANES] 2007–8). **METHODS:** Using data from 5707 participants in NHANES 2007–8 (2797 men and 2910 women) aged  $\geq 20$  years, we estimated overall, gender-specific, and age-specific prevalence of gout. During the home interview of NHANES, all participants were asked: “Has a doctor or other health professional ever told you that you had gout?” We estimated the number of individuals with gout by applying our prevalence estimates to the corresponding 2008 US population estimate of 214.8 million adults over age 18. **RESULTS:** Overall prevalence of gout among US adults was 3.9%, which corresponded to an estimated 8.3 million individuals with gout. Prevalence of gout was 5.9% (6.1 million) among men and 2.0% (2.2 million) among women. Prevalence of gout increased with age, with the lowest (0.4%, 0.2 million) in those aged 20–29 years and the highest (12.6%, 1.2 million) in those aged  $\geq 80$  years. Prevalence of gout among those aged  $< 64$  years was 2.7% and was higher (9.8%) among those aged  $\geq 65$  years. Those  $\geq 65$  years corresponded to an estimated 3.5 million adults with gout. **CONCLUSIONS:** These findings from the latest nationally representative sample of US adults in NHANES 2007–2008 suggest that the prevalence of gout is substantial, particularly among older (aged  $\geq 65$  years) individuals. Additional confirmation studies are needed.

**PMS11**

**LONGITUDINAL ASSESSMENT OF GOUT IN A LARGE SAMPLE OF ITALIAN PATIENTS: PREVALENCE AND DISEASE MANAGEMENT IN GPs OFFICES**

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**OBJECTIVES:** The main goals of this retrospective study were to analyze the Prevalence of Gout in GPs offices in Italy and to describe the management of gouty patients by the GPs in terms of types and number of Specialistic visits requests during 12 months of follow-up. **METHODS:** Data were obtained from CSD LPD, a General Practitioner's longitudinal database. Patients with at least one diagnosis of Gout from January 2008 to December 2008 have been selected and followed-up for 12 months. **RESULTS:** From 1.126.847 active patients, 17.241 had at least one diagnosis of gout, resulting on a prevalence of 1.53% in the general population. Among the 17.241 patients only 1.42% had received a specialistic visit request related to gout; of these the 42.8% were Rheumatology visit requests, the 20.4% Orthopedics visits, the 8.1% Nephrology visits. Comparing the group of patients with at least one visit request related to gout (244) to the rest of the patients (16.997) in terms of specialistic visits request (related to all kind of diagnosis) during follow-up period, it could be seen that the group of 244 patients had received in average 4.5 specialistic visits request while the rest of the patients had received 2.3 visit requests. **CONCLUSIONS:** During the study we have identified a group of patients (244 patients 1,4% of the total) with at least one specialistic visit request related to the diagnosis of Gout, and we assumed that this group represents “Complicated patients”, maybe refractory to the therapy, that GPs need to manage in cooperation with specialist physicians. On support of our hypothesis the average number of specialistic visits (related to all kind of diagnosis) among this group is significantly higher in comparison with the rest of the patients (4.5 vs. 2.3).

**PMS12**

**PROJECTION OF SURGICAL LOADS OF HIP AND KNEE**

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**OBJECTIVES:** Recent trends in the number of primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) in the US has suggested a massive future demand for THA and TKA. It is unknown if this trend is the same in France as France has a

slower growth rates in obesity compared to US. The purpose of our study was to describe the recent trend of primary THA and TKA in France. **METHODS:** Registry data on THA and TKA, collected between 2000 and 2006, were obtained from the Agence technique de l'information sur l'hospitalisation (ATIF 2009). **RESULTS:** In 2006, approximately 139,000 hip replacements and 66,000 knee replacements were performed in France. Hip procedures increased by 6% and knee procedures by 30% since 2001. The economic burden associated with joint replacements is estimated approx. 2 billion Euro in 2006. The mean cost for primary hip replacement in France was €7,467 in 2006 and €8,690 for knee replacement procedures. Arthroplasties represent the medical specialty with the highest expenses in France. In France, only 41% of knee replacements were cemented. This proportion is relatively low in comparison to others European countries. **CONCLUSIONS:** This trend could accelerate in the near future due to changes in French demographics: increase of prevalence of overweight and obese patients as well as population ageing. These two categories of population have the highest incidence of joint replacement procedures. Obesity prevalence increases by 5% every year since 1997 to reach 12.4% of the total population in 2006 and the elderly population will reach 30% of the French population by 2050. In the context of the current financial crisis reducing unnecessary health care expenditure is inevitable. In the French market implant price represent 30% of hip replacement procedure and 38% for knee replacement.

**PMS13**

**RECENT TRENDS IN NUMBERS OF PRIMARY HIP/KNEE ARTHROPLASTIES PERFORMED IN GERMANY AND THE UNITED KINGDOM**

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**OBJECTIVES:** The number of primary total hip arthroplasties (THAs) and total knee arthroplasties (TKAs) continues to increase steeply in the US. It is unknown if this trend is the same in Germany and the United Kingdom (UK) as these populations age and become heavier. The purpose of our study was to investigate recent trends of primary THA and TKA in Germany and the UK. **METHODS:** We analyzed data from the German Bundesgeschäftsstelle für Qualitätssicherung and the UK's National Joint Register. **RESULTS:** Between 2004 and 2008 in Germany, THAs increased 14% and TKAs increased 32%. During the same time in the UK, there were 60% and 70% increases in THAs and TKAs, respectively. In the UK, more TKAs than THAs have been performed since 2005, and a similar trend is expected in Germany after 2010. Nearly 20% of TKAs in Germany were performed on non-elderly patients (64 or younger) and patient age distributions remained approximately the same over the study period. In the UK, however, approximately 30% of TKAs were on non-elderly patients and the proportion of non-elderly patients that underwent TKA has increased every year. **CONCLUSIONS:** The number of arthroplasties in the US has increased dramatically among non-elderly adults. We observed no increase in this patient group in Germany but a slow and gradual increase in the UK. As obesity has risen over the last decades, the US has experienced greater inclines in TKAs than THAs; the annual number of TKAs is now twice that of THAs. Although the number of TKAs and the number of THAs had been approximately the same in Germany and the UK, recent trends suggest a growing gap due to a steeper rise in TKAs. Obesity, a strong risk factor for TKA, may be a bigger contributor than aging to the recent growth in joint arthroplasty.

**PMS14**

**RECURRENT FRACTURES AFTER FIRST HIP FRACTURES AND PREVENTION OF SECOND HIP FRACTURES IN JAPANESE WOMEN**

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**OBJECTIVES:** The aim of this study was to elucidate the incidence of recurrent fractures and the current status of osteoporosis treatment within one year after the first hip fracture. **METHODS:** This study was conducted for all female patients who were 65 years or older who had experienced hip fracture due to trauma for the first time and were treated within five geographic areas in Japan during the study period (January 2006 to December 2007). The data on demographics, treatments, and health outcomes were collected from medical records. A patient questionnaire was mailed to every patient about the health outcomes. **RESULTS:** The analysis was conducted in 2330 patients (average age 83.6 years). During the one-year observational period 158 fractures occurred in 152 patients. The incidence for all fractures among patients with first hip fracture was 71.7 (per 1000 person-year), and that for hip fracture was 36.7. The relative risk of recurrent hip fracture was 4.4 for women aged 65 years and over with first hip fracture. During this one-year period, anti-osteoporosis pharmacotherapy was performed in 437 patients (18.8%) while 1240 patients (53.2%) received no treatment. **CONCLUSIONS:** This study demonstrated the high risk of recurrent fracture in patients with first hip fracture and inadequate treatment for fracture prevention after first hip fracture. Since hip fracture patients are the most plausible candidates in the prevention of recurrent fractures, especially second hip fractures with high burden, appropriate treatment of osteoporosis is essential.